

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM 10-876)

APPLICANT(S)

097-21709

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2						
3						
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46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	49					
TOTAL	50					

	IN .		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
61		/				
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97						
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99						
100						
TOTAL IND.	1					
TOTAL DEP.						
TOTAL	1					

BEST AVAILABLE COPY